FMDP Dental Benefit Booklet

ACTIVE DUTY FAMILY MEMBER DENTAL PLAN

Issue Date: August 1, 1997

United Concordia

Companies SM

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INFORMATION FOR SPONSORS AND FAMILY MEMBERS

United Concordia Companies, Inc.
Contract effective date – February 1, 1996.
Benefit Booklet issued August 1, 1997.

How To Contact United Concordia

If you have questions concerning your FMDP benefits, a special claim, or any other issues, please call or write to United Concordia at the address listed below. When you contact us, whether by telephone or by letter, be sure to have the following information ready:

> Sponsor's Name
> Sponsor's Social Security Number (SSN)
> Family Member's Name
> Family Member's birthdate

United Concordia Companies, Inc.
FMDP Customer Service
PO Box 898218
Camp Hill, PA 17089-8218
1-800-866-8499
(TDD)1-800-891-1854

For additional information on how you can contact United Concordia, please see the Directory.

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Introduction

The TRICARE – Active Duty Family Member Dental Plan (FMDP) is offered by the Department of Defense (DoD) through the TRICARE Support Office (TSO) formerly known as the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS). United Concordia Companies, Inc. (United Concordia) administers and underwrites the FMDP for TSO.

Eligibility

Who Is Covered?

Congress established the FMDP for the family members of active duty members of the seven Uniformed Services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration). Participation in this dental plan is voluntary and the active duty member (also referred to as "sponsor") must pay a portion of the premium. Active duty members, reserve members, guard members, and retired members, and their families, are not eligible.

To be eligible for the FMDP, the following must apply:

- The sponsor must be on active duty orders for more than 30 consecutive days (if such extended active duty is for a period of at least 24 months) and must intend to remain on active duty for no less than 24 months, unless returning from outside the Continental United States (OCONUS).

  Note: ***For members of the Reserve and National Guard, intent to remain on active duty is determined by the number of months of active duty indicated in their orders.***

- The family member must receive dental services in the fifty United States, the District of Columbia, Canada, Guam, the U.S. Virgin Islands or Puerto Rico.

- For families returning from overseas (OCONUS) the following conditions must be met:

    a) The sponsor must be returning from an overseas area where the FMDP was not offered.

    b) The enrollee must have resided with the sponsor at the overseas location.

    c) The sponsor must have at least 12 months remaining on his/her active duty service commitment.

    d) The sponsor must complete the enrollment election within 30 days of signing in at the new duty station. Sponsors are encouraged to enroll 30 days prior to leaving the overseas location which would result in earlier access to covered dental care.

Family Members Who Are Eligible for FMDP Coverage

- Spouses who are not themselves members of the Uniformed Services.

- Unmarried children, including stepchildren and adopted children and wards under the age of 21. Children will be eligible up to the end of the month in which they turn 21. Children may be eligible after age 21 if:

    a) They are enrolled full-time at an accredited college or university and they are more than 50 percent dependent on the sponsor for financial support. These students are eligible up to the end of the month in which they turn 23. If the student terminates his or her education prior to turning 23, eligibility terminates at the end of the month in which education terminates.

b) They have a disabling illness or injury that occurred before their 21st birthday, or between the ages of 21 and 23 if they were enrolled as a full-time student at the time of the illness or injury, and they were more than 50 percent dependent on the sponsor for financial support. These children remain eligible family members regardless of age as long as their financial dependency and disability continue.

There are certain conditions, other than those discussed above, that may allow sponsors to enroll children in the FMDP:

- Children, including stepchildren, who are adopted may still be eligible even if the sponsor divorces or remarries. Stepchildren who were not adopted and who no longer live with the sponsor are not eligible.

- Children under the age of four can be enrolled by either a parent or guardian with power of attorney.

When the enrolled family members accompany the sponsor on Permanent Change of Station to locations outside the fifty United States, the District of Columbia, Canada, Guam, Puerto Rico, or the Virgin Islands, coverage does not terminate automatically. The sponsor must request termination of enrollment by completing DD Form 2494. The sponsor may elect to continue enrollment even though family members no longer reside within the service area. Enrolled family members will remain eligible for benefits provided that services are furnished by a dentist within the service area.

Family Members Who Are Not Eligible for FMDP Coverage

A spouse or family member who is an active duty service member is not eligible for the FMDP.

Former spouses, parents, in-laws, inactive reservists and their families, disabled veterans, foreign personnel, and retirees and their families are not eligible for FMDP benefits.

Verification Of Eligibility

United Concordia will verify your Defense Eligibility Enrollment Reporting System (DEERS) eligibility before making any benefit payments on a claim. If the family member is not eligible, according to DEERS, United Concordia must deny the claim and not pay any benefits.

It is extremely important that sponsors ensure that DEERS contains up-to-date information on each family member and that ID cards have not expired. Failing to update family information in DEERS may result in denied claims.

The sponsor will receive a Dental Explanation of Benefits (DEOB) informing him/her that the family member is not listed on DEERS as eligible and, as such, is ineligible. The DEOB will also tell you how to contact the DEERS Support Office to update their records. Your Personnel Office or Health Benefits Advisor (HBA)/installation contact can also help with eligibility problems. Call United Concordia to request that your claim be reprocessed once DEERS eligibility status is corrected.

Enrollment

Enrollment in the FMDP is voluntary. The sponsor must initiate the enrollment of his or her family member(s). Enrollment must be accomplished through the sponsor's designated Service Representative, using a DD Form 2494, or DD 2494-1. The sponsor will be furnished a copy of the completed enrollment form and this should be retained with other important family documents.

Note: Two active duty members cannot enroll the same family member(s). In the instance where both the husband and wife are active duty members, two sponsors cannot enroll each other as beneficiaries.

Identification Cards

All family members (age ten or older) must have current Uniformed Services Identification (ID) cards when enrolling in the FMDP. These cards must be presented to the dentist in order to receive benefits. **Expired ID cards will affect DEERS eligibility and complicate FMDP enrollment verification and the processing of dental claims.**

Enrollment Period

United Concordia began administering the FMDP contract on February 1, 1996. Sponsors enrolling in the FMDP must enroll for at least 24 months. The following are exceptions:

a) When a sponsor with enrolled eligible family members transfers with the family members, on official orders, outside the service area, the sponsor is exempt from the 24 month minimum enrollment requirement. However, the sponsor may elect to continue enrollment even though all enrolled family members no longer reside within the fifty United States, the District of Columbia, Canada, Guam, Puerto Rico or the U.S. Virgin Islands. Enrolled family members will remain eligible for FMDP benefits provided those services are performed by an authorized dentist within the fifty United States, the District of Columbia, Canada, Guam, Puerto Rico or the U.S. Virgin Islands.

b) When a sponsor or family member(s) loses DEERS eligibility due to death, divorce, or end of entitlement, or when a family member reaches age 21 (or 23 if enrolled full-time at an accredited college or university), family members are no longer eligible for FMDP benefits.

***Note:** When a sponsor dies while on active duty for a period of more than 30 days, the enrolled family member(s) will continue to receive benefits for one year from the month following the month of the sponsor's death, as long as the family member(s) was enrolled in the FMDP at the time of the sponsor's death.*

c) When a sponsor and enrolled family member(s) transfer to a duty station where space-available dental care at the Uniformed Services dental treatment facility is readily available to family member(s).

d) OCONUS returnees meeting the 12-23 month service commitment.

Voluntary disenrollment for reasons specified in (a) or (c) must be requested by completing the appropriate election forms, DD Form 2494 or DD 2494-1. Disenrollment for the reason specified in (b) is generated automatically through DEERS.

Note: ***Sponsors who disenroll their families may re-enroll them in the FMDP at any time. Re-enrollment, however, must by for a minimum of 24 months, unless returning from OCONUS outside the service area with a minimum of 12 months active duty commitment.***

When Coverage Begins

Coverage is effective the first day of the month after which a sponsor enrolls and a premium payroll deduction is taken. For example, if the sponsor enrolls in January and premium deduction is taken in January, your coverage is effective February 1.

It is important to note that delays in the processing of enrollment information may mean that United Concordia cannot confirm eligibility if family members visit the dentist soon after they are enrolled. **It can take between 30 and 60 days after enrollment before United Concordia receives eligibility verification from DEERS. Claims for enrolled family members cannot be paid until United Concordia receives this information from DEERS.**

If your premium changes from a single family member plan to a family plan (or from family to single family member), the change is also effective on the first day of the month after the month the enrollment change is made and the payroll deduction begins.

A sponsor should verify his or her payroll deduction for the FMDP before making an appointment with a dentist. Deductions can be verified by checking the sponsor's Leave and Earnings Statement (LES).

Premiums are paid for a full month of coverage. There are no circumstances when a partial premium can be paid.

If a claim is denied because United Concordia does not yet have eligibility verification, it does not mean the services will not be covered. Once eligibility verification has been received, the family member or dentist can request reprocessing of the claim by calling or writing United Concordia.

End of Coverage

Coverage ends at midnight, on the last day of the month for which a premium has been paid. For example, if a premium is paid in February, benefits end at midnight on March 31. When a sponsor leaves the Uniformed Services, enrollment for family members automatically terminates on the last day of the month for which a premium was deducted unless the sponsor leaves on the first day of a month, in which case, enrollment terminates the last day of the preceding month.

There are no provisions to continue FMDP coverage after active duty service ends. Disenrollment is automatic. Coverage ends for the family member on the last day of the month in which the active duty ends. For example: If a sponsor separates May 15, coverage would end May 31 at 11:59 p.m.

Single and Family Enrollment Options

There are two types of enrollment in the FMDP: single and family. The single option is for sponsors who are enrolling only one family member. The family option is for sponsors who are enrolling two or more family members. Sponsors should check their Leave and Earnings Statements to make sure the correct single or family deduction is being taken.

Family members must be enrolled for a minimum of 24 months. A sponsor cannot enroll some family members and not enroll other family members except:

- If one family member lives at a distance from the rest of the family, he or she can be enrolled under the single family member plan. Examples of this exception: children who are attending school or college away from home, living in a foster home, living with an ex-spouse, or living with relatives.

- If there is only one family member age four or older and the rest of the family members are under four years old, the family member over age four, may be enrolled through a single premium plan.

If these special circumstances apply to your family, please complete DD Form 2494-1 in the first instance and DD Form 2494 in the second instance at your Personnel Office.

Single Family Member Option

Sponsors may enroll a family member under the single family member option if:

- There is only one eligible family member who is age four or older.

- There are one or more eligible family members who are under age four and the sponsor wants dental coverage for only one family member.

- There is only one eligible family member age four or older and one or more family members who are under age four. In this case, the sponsor wants the family member over age four to have dental coverage but does not want dental coverage for the younger child(ren).

Family Option

Sponsors must enroll family members under the family option if:

- There are two or more eligible family members four years of age or older.

- The sponsor wants to enroll one family member age four or older and one or more family members under age four.

- There are two or more eligible family members residing in two or more separate locations whom the sponsor chooses to enroll.

Note: If the sponsor wants all children, including the one(s) under age four to have dental coverage, they must be enrolled under the family premium.

Out of Pocket Expenses

Your Premium Costs

The government pays part of your monthly premium for the FMDP. The balance of your monthly premium is paid through payroll deductions from the sponsor's paycheck. For information on specific premium costs for your coverage, contact your HBA/installation contact or your Personnel Office.

A sponsor should always check to see that the correct "dental" deduction for either a single or family premium plan appears on his or her Leave and Earnings Statement.

Cost Share

United Concordia will pay a percentage of your dentist's usual charge up to United Concordia's schedule of allowances for the service, subject to limitations and non-covered services. The percentage paid and your cost share depend on the type of service receive. For example,

preventive services (such as cleanings and fluoride treatments) are paid at 100 percent of United Concordia's allowance; however, endodontic services (such as root canals) are covered at 60 percent, with a 40 percent family member cost share.

Dentists are required to collect your cost shares for covered services. Failure to collect your cost shares for covered services could disqualify the dentist from participating in the United Concordia provider network.

Maximums

The FMDP limits how much can be paid for any family member's dental services.

- There is a maximum payment of $1,000 per enrollee per contract year. The contract year starts August 1 and ends July 31 the following year. This means that the total payments for covered dental services, except orthodontics, for each enrolled family member will not exceed $1,000 in 12 months.

- There is a maximum **lifetime** payment of $1,200 per family member for orthodontics. If you receive orthodontic services (such as braces), payments under this dental plan for these services will not exceed $1,200 during your eligibility lifetime. Orthodontic diagnostic services will be applied to the $1,000 **annual** maximum.

- Orthodontic diagnostic services will be applied toward the annual maximum in those instances which orthodontic treatment is initiated on or after February 1, 1996. Orthodontic diagnostic services will be applied toward the lifetime orthodontic maximum if orthodontic treatment is initiated prior to February 1, 1996.

Payments

If you visit a participating dentist, United Concordia will pay your dentist directly for covered services less any family member's cost share. It is up to you and your dentist to make arrangements for payment of the cost share amount.

If you visit a non-participating dentist, who is licensed and authorized, United Concordia will pay the family member for eligible, covered services, up to United Concordia's allowance, less any family member's cost share. Any part of your dentist's fee exceeding United Concordia's allowance is the family member's responsibility. United Concordia will pay the dentist directly only if the family member has assigned benefits to him/her. Assignment may be accepted by the dentist on a claim-by-claim basis.

Monthly orthodontic progress payment schedules are based on the length of treatment plan as shown on the original claim form. When you begin the orthodontic treatment program and file your claim, United Concordia will calculate the total amount payable for the treatment. This amount will be the lesser of your dentist's charge or the United Concordia scheduled allowance up to a lifetime maximum of $1, 200 for orthodontic benefits.

If the length of treatment for orthodontics is six months or less, payment will be issued in one lump sum with no progress payments.

Orthodontics (Braces)

Enrollment/Eligibility

Orthodontic coverage becomes effective the first day of the month after the month the active duty member enrolls his or her family member(s). To be eligible for payment for the initial banding or appliance placement, the family member must be enrolled in the FMDP through DEERS the date treatment begins (the date of banding or appliance placement). If the family member was not enrolled on the date of banding or appliance placement, but subsequently enrolls, some remaining monthly payments might be payable provided the patient is otherwise eligible (for example, the patient is less than 19 years of age).

FMDP eligibility criteria must be met each month in order for monthly payments to be made. If a disenrolled family member re-enrolls during the original schedule of monthly payments, payments are made only for those months (past or current) for which eligibility is established. Orthodontic monthly payments will not be issued when the family member is not enrolled.

Age

Orthodontic treatment is available for family members up to, but not including, 19 years of age. If the family member reaches the age of 19 during treatment, payments are discontinued the month following the family member's 19th birthday.

Cost Share

The orthodontic services listed as covered procedures are payable at 50 percent of the dentist's charge or United Concordia's allowance, whichever is lower, subject to a **lifetime** maximum per family member of $1,200. Orthodontic diagnostic services will be applied toward the **annual** maximum (not the orthodontic **lifetime** maximum) if the orthodontic treatment is initiated on or after February 1, 1996. Orthodontic diagnostic services will be applied toward the **lifetime** orthodontic maximum if the orthodontic treatment is initiated prior to February 1, 1996.

Orthodontic Lifetime Maximum

Each orthodontic payment is conditional depending on the family member's actual remaining orthodontic maximum balance. If the family member's lifetime maximum has been met before the payment schedule has been completed, further payments are discontinued. This may occur if more than one dentist submitted orthodontic claims for a family member or if a claim was filed for completed orthodontic procedures after the payment schedule was calculated for an ongoing course of treatment.

Note: Your $1,200 lifetime maximum does not start over with the change of contract administration from DDP* Delta to United Concordia. All orthodontic payments paid under DDP* Delta for your orthodontic treatment will count towards your $1,200 lifetime maximum.

Orthodontic Payments

Orthodontic progress payments are based on the length of treatment planned by the dentist up to the $1,200 lifetime maximum. The schedule of payments is determined as follows:

- At initial banding, 25 percent of the total amount payable under the program is paid by the FMDP.
- The remaining 75 percent of the total amount paid by FMDP is automatically paid in monthly installments, based on the estimated length of treatment.
- If the length of treatment is six months or less, United Concordia's allowance will be made in one payment. If the length of treatment is more than six months, progress payments will be issued on a monthly basis.
- The family member must be enrolled in the FMDP during each month that payment is made.
- The monthly payments are calculated and processed automatically.
- Unlike any other covered service, processing of orthodontic claims does not require completion of treatment in order for payment to begin.

Orthodontic Payment Examples

Your dentist must submit an orthodontic treatment plan. This plan must include length of treatment and the total charge. United Concordia will send notice of the treatment plan payment schedule to both the dentist and family member. If during the course of treatment there are any changes to the family member's prescribed treatment plan that results in a change to the payment schedule, upon the dentist notifying United Concordia, we will mail a new schedule to both the dentist and family member.

***Note*: The following examples are intended only to show how payments are calculated; actual fees, duration of treatment, and payments will vary.**

I. Payment Calculations for Eligible Treatment

In this example, the total fee charged is $2,500. The length of treatment is 24 months. The orthodontic payment would be calculated as follows:

a) Fee Allowance x Cost Share Percentage = United Concordia Liability (not to exceed $1,200 lifetime maximum)

b) $2,500 x 50% = $1,250

c) Lower of United Concordia Liability ($1,250) or Orthodontic Maximum ($1,200) = $1,200

d) Initial Banding: $1,200 x 25% = $300

e) Remaining Balance: $1,200 - $300 = $900

f) Remaining Balance divided by Months: $900 ÷ 24 =$37 Monthly Payment

g) The final monthly payment will be $49 to adjust for rounding off.

h) Family member cost share equals total fee allowance ($2,500) less United Concordia's payment ($1,200) = $1,300

II. Payment Calculations for "Treatment in Progress"

In this example, the family member began orthodontic treatment six months prior to becoming eligible for benefits under the FMDP. The total case fee is $2,500. The total estimated length of treatment is 24 months. The family member had no previous orthodontic coverage.

a) Total Number of Months – Number of Months Prior to Coverage = Number of Remaining Months: 24 – 6 = 18

b) Percentage of Months Prior to Coverage: 6 ÷ 24 = 25%

c) Amount Prior to Coverage: $2,500 x 25% = $625

d) United Concordia Allowance – Amount Prior to Coverage x Cost Share Percentage = United Concordia's Liability not to exceed $1,200 lifetime maximum:
($2,500 - $625) x 50% = $1,875 x 50% = $937.50*

e) United Concordia Liability ÷ Remaining Number of Months = United Concordia Monthly Payment Amount. No Initial Payment Since Banding Performed When Member Was Not Eligible:
$937.50 ÷ 18 = 17 monthly payments at $52.00 and $53.50 (Final Monthly Payment to Adjust and Round Off.)

*The member's cost share is $937.50.

***Note:** The member's cost share pertains solely to orthodontic services received while enrolled in the FMDP. The member is responsible for services received prior to enrollment.*

Orthodontic Payments Affected by Dentist Status

Orthodontic payments are subject to the dentist's participation in the FMDP (participating or non-participating). If the current orthodontist is not a participating orthodontist, progress payments will be mailed to you rather than the orthodontist. To allow your non-participating orthodontist to receive the payments directly, you must authorize payment benefits by completing the applicable section of the claim form or by writing a letter and forwarding it to United Concordia.

If a non-participating dentist becomes a participating dentist during the schedule of progress payments, the progress payments will then be sent directly to the dentist, rather than to the family member. If a participating dentist becomes a non-participating dentist during the schedule of progress payments, the progress payments will then be sent to the family member.

In the unlikely event a dentist's license status changes (due to the loss of their license or decertification by the Federal Government) during the schedule of progress payments, such payments would be discontinued as of the effective date of loss of authorized status.

Transferring from Another Dentist

If the family member transfers to a different dentist, the new dentist must submit a claim to United Concordia. Payments for the new dentist's services will be calculated based on the remaining orthodontic maximum.

Out of Pocket Expenses

The family member is responsible for the 50 percent fixed cost share until the benefit is exhausted or the lifetime orthodontic maximum is reached. When the maximum is reached, the family member is responsible for the remainder of the fee (either United Concordia's allowance for a participating dentist or the billed amount for a non-participating dentist). The family member's total out-of-pocket cost may be higher than the 50 percent cost share, when services are received from a non-participating dentist.

Claim Information

Filing Claims

You may go to any licensed dentist you choose. After you have selected your dentist, be sure to let the dental office staff know that you are covered under the FMDP. Ask your dentist if he/she is a United Concordia participating dentist. If the dentist is a participating dentist, his/her office will handle all of your paperwork including filing your claim.

If your dentist is not a United Concordia participating dentist, you may need to file your claim yourself. United Concordia will accept claims filed on any standard dental claim form of the American Dental Association (ADA), the FMDP form developed by United Concordia, or any other claim form approved by United Concordia.

Your dentists should have claim forms available at the office, or you can get FMDP claim forms from your HBA/installation contact at your uniformed service installation or unit, or by calling United Concordia's Customer Service Department. Claims forms can be filled out by the dentist, the sponsor, the family member, or any other person you authorize. Claim forms must include all required information and there must be a separate claim form for each family member. You can help ensure prompt payment by providing accurate information on the claim form, such as:

- The names of the sponsor and family member as they appear in DEERS and on the Uniformed Services ID card.

- The sponsor's Social Security Number on every family member's claim form.

- The proper signatures. You and your dentist must sign the claim form. If the family member is under 18 years old, the parent or guardian must sign the form.

Ask your dentist to file a predetermination request if you or your dentist have any questions about whether a service is covered, or if you want an estimate of the amount eligible for payment.

Claim Filing Deadline

We recommend that you or your dentist send the claim form to United Concordia as soon as possible after the service, preferably within 60 days of the date of service. Claims post-marked more than 12 months after the month in which the service was provided will be denied.

How Your Claims Are Processed

Claims are processed using an advanced computer system which determines your benefits quickly and accurately. Experienced claim reviewers are specially trained to process your dental claims. If additional information is needed to process your claim, the claim reviewers will contact you or your dentist by telephone or letter. Most claims are processed within 14 days of the date United Concordia receives them. If you have not received a Dental Explanation of Benefits (DEOB) within 60 days, you or your dentist should call United Concordia's Customer Service Department.

ATTENDING DENTIST'S STATEMENT

Carrier name

United Concordia Companies, Inc.

TRICARE - Active Duty Family Member Dental Plan
Claims Processing
P.O. Box 69220
Camp Hill, PA 17089-9220

Check One

☐ Dentist's pre-treatment estimate

☐ Dentist's statement of actual services

1. Patient name | 2. Relationship to sponsor: self, spouse, child, other | 3. Sex: m, f | 4. Patient birthdate: mo, day, year | 5. If full time student: school, city

6. Sponsor's name: First, middle, last

7. Sponsor's social security no.

8. Patient mailing address

City, state, zip

9. Telephone number

10. Branch of service

11. Group name

TRICARE - Family Member Dental Plan

12. Is patient covered by another dental plan? ☐ yes ☐ no — Dental plan name

Insured soc. sec. no. — Group no.

Name and address of carrier

I have reviewed the following treatment plan. I authorize release of any information relating to this claim. *

Signature (patient or parent if minor) — Date

I hereby authorize payment of any group insurance benefits, otherwise payable to me, to the dentist listed below.

Signature (insured person) — Date

13. Dentist name

14. Mailing address

City, state, zip

15. Dentist soc. sec. or T.I.N. | 16. Dentist license no. | 17. Dentist phone no.

18. First visit date current series | 19. Place of treatment: Office, Hosp., ECF, Other | 20. Radiographs and/or documentation enclosed? No, Yes, How Many?

21. Is treatment result of occupational illness or injury? No, Yes — If yes, enter brief description and dates

22. Is treatment result of auto accident?

23. Other accident?

24. Are any services covered by another plan?

25. If prosthesis, is this initial placement? — (If no, reason for replacement) — 26. Date of prior placement

27. Is treatment for orthodontics? — Appliance insertion date — Total length of treatment

1. Identify missing teeth with "X"

28. Examination and treatment plan-list in order from Tooth No. 1 through Tooth No. 32 - Use charting system shown.

TOOTH NO. OR LETTER	SURFACE	DESCRIPTION OF SERVICES (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)	DATE SERVICE PERFORMED: MO., DAY, YR.	PROCEDURE CODE	FEE CHARGED	AMOUNT PAID

29. Remarks for unusual services

Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, misleading information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of a criminal act under state and/or federal law and may also be subject to civil penalties. I hereby certify that the procedures as indicated by date have been completed.*

TOTAL FEE CHARGED

AMOUNT PAID

Signature (Dentist) — Date

5578 12/95

* *Both signatures are required by the FMDP contract or processing will be delayed.*

Claim Form Instructions

To report services provided, you may use an ADA claim form, the FMDP form developed by United Concordia, or any other claim form approved by United Concordia. Dentists may also submit claims electronically.

Please refer to the Directory section for phone numbers and addresses on how to contact United Concordia.

Filling Out the Claim Form

To complete dental claim forms for the FMDP, refer to the instructions below and to the sample claim form.

Fields 1-12 may be filled out by the family member who is receiving dental care.

1. **Family Member's name (last, first, and middle initial)**: Enter the last name, first name, and middle initial of the person being treated. Be sure to write the names as they appear on the Uniformed Services identification card.

2. **Relationship to sponsor**: Enter the family member's (patient's) relationship to the sponsor, i.e., child or spouse.

3. **Sex**: Check the appropriate box.

4. **Date of Birth**: Enter the number of the month, day and year of the family member. Be sure the birth date is correct.

5. **If full-time student**: Please indicate whether the family member is a full-time student, the name of the school, and the city of the school.

6. **Sponsor's name**: Enter the first name, middle initial, and last name of the person whose name appears on the Uniformed Services identification card.

7. **Sponsor's ID**: Enter the sponsor's nine-digit Social Security Number (SSN).

8. **Patient's mailing address**: Please state the home address of the family member seeking dental treatment. Indicate city, state, and zip code.

9. **Telephone number**: Enter the patient's telephone number, complete with the three-digit area code.

The area below field 9 is for the patient's, parent's or guardian's signature. If the family member is under 18 years old, the parent or guardian must sign the form.

10. **Branch of service**: Enter the sponsor's uniformed service branch, i.e., Air Force, Army, Navy, Marine Corps, Coast Guard, Public Health Service, NOAA.

11. **Group name**: FMDP claim form will have the group name pre-stamped as TRICARE – Family Member Dental Plan.

12. **Is the patient covered by another dental plan?**: Check "No" if the family member has no other dental insurance. If the family member has additional dental insurance, please check "Yes" and include the plan name, SSN, group number and address of the carrier.

The area below field 12 is to be signed if the family member, parent, or guardian assigns payment of benefits to the dentist. Because participating dentists receive payment directly from United Concordia, they do not need to obtain the patient's signature in this area. However, the area under field 9 must always be signed by the patient. If the family member is under 18 years old, the parent or guardian must sign the form.

Dentists should complete all fields from field 13 through end of the form.

Other Dental Insurance

If the family member has a dental insurance plan in addition to the FMDP:

- File the claim first with the group dental plan with primary responsibility.

- After the primary group dental plan has processed the claim, file the claim with the secondary insurance plan, along with a copy of the primary carrier's DEOB.

If you have questions about filing other dental insurance, please call United Concordia's Customer Service Department at 1-800-866-8499.

Supporting Documentation

United Concordia requests that radiographs used for diagnosis and treatment planning be submitted with claims for certain services. These radiographs should be of diagnostic quality and should be mounted and identified with the dentist's name and address, as well as the family member's name and sponsor's Social Security Number. Also include the date the radiographs were taken.

The following is a list of procedures which require radiograph review:

- Single crowns, onlays, cast post and cores, prefabricated post and cores, crown build-ups – pretreatment radiographs of the area to be treated.

- Fixed bridges, cast metal resin bonded retainers – pretreatment radiographs of the entire arch.

- Gingivectomies, mucogingival surgery, osseous surgery, bone replacement grafts, guided tissue regeneration – pretreatment radiographs of the entire mouth.

- Partial and complete bony impactions and root recoveries – pretreatment radiographs of the treatment area.

- If single or abutment crowns, posts and cores or crown build-ups are to be placed on teeth which have been treated endodontically, a post-treatment radiograph of the root canal therapy is also required.

Note: ***It is United Concordia's intent to request only those radiographs which are generally taken as part of diagnosis and treatment planning. If, for some reason, the radiographs listed were not taken or are not available, a brief explanation should be included with the claim.***

If United Concordia requires more information than originally provided with the claim form, we will contact you or your dentist by telephone or letter. Responding promptly to information requests will ensure processing of the claim is not delayed.

Other Dental Insurance

The sponsor or the sponsor's spouse may have other dental insurance. In this case, United Concordia will coordinate benefits between the two dental plans. Coordination of benefits is applicable only to persons who are insured through another dental benefit plan in addition to the FMDP.

If a family member receives services which are covered under this program and another group dental plan, coverage and benefits are governed by Coordination of Benefits Rules. These rules determine which plan is primary (meaning which plan pays the benefits first and which plan pays benefits second) after the primary plan has made its determination and payment.

The primary plan pays benefits without regard to the secondary plan. The secondary plan then pays for any covered services which have not been paid by the primary plan, taking into consideration all program provisions and limitations. For example: If you get a tooth filled and your dentist charges $20, and the primary plan pays $16, the secondary plan will coordinate with the other insurance carrier and pay the remaining $4, as long as the procedure is allowable according to the secondary plan's program provisions and limitations.

Claims should be filed with the primary plan first. After payment has been received from the primary plan, the claim should be filed with the secondary plan along with the primary plan's Explanation of Benefits (EOB).

Coordination of Benefits Rules

In the case of a spouse who has his or her own dental plan, the spouse's dental plan would be considered primary and the FMDP secondary.

If the spouse or child's other plan is primarily a medical insurance plan but includes a dental benefit, the other plan is considered secondary. In this instance the claim should be sent to United Concordia first.

In the case of a child who is covered under two dental plans, the primary plan is usually determined by the "birthday rule" which has been established by the National Association of Insurance Commissioners. The birthday rule determines the first plan to pay benefits based on which parent's birthday falls earlier in the year. For example: If the mother's birthday is January 2 and the father's birthday is January 12, the mother's dental plan is considered primary and would pay benefits first. The year of the parent's birth is not relevant in determining whose birthday is first.

An exception to this birthday rule would occur if the **other** dental plan uses the "gender rule." The gender rule specifies that the male parent's dental plan is considered the primary plan. If the other dental coverage uses this gender rule in assigning coordination of benefits, United Concordia will defer to the gender rule and consider the male parent's dental plan as the primary plan.

In situations where the parents are divorced or separated and there are two dental plans, United Concordia considers the insurance plan of the parent with custody to be the primary plan. If the parent with custody has remarried, the stepparent's plan will pay before the plan of the parent without custody. An exception to this rule occurs when there is a court decree specifying which parent is responsible for insurance coverage.

Predetermination Requests

United Concordia encourages the use of predeterminations to determine the extent of coverage for a proposed course of treatment.

This allows both the dentist and the family member to know if the proposed service(s) will be covered and the anticipated amount of payment by United Concordia before treatment. The results will be communicated to both the family member and the dentist through a DEOB. United Concordia suggests predetermination of benefits for the following, non-emergency types of treatments: onlays, single crowns, prosthetics, periodontal, orthodontic services and oral surgery services.

To request predetermination, the dentist or family member must submit a dental claim form and indicate on the form, by checking the appropriate box, that predetermination is being requested. A claim may contain both request for payment lines and predetermination lines. No dates of service should be reported on those line items for which predetermination is being requested. The predetermination claim will be processed in accordance with FMDP benefits.

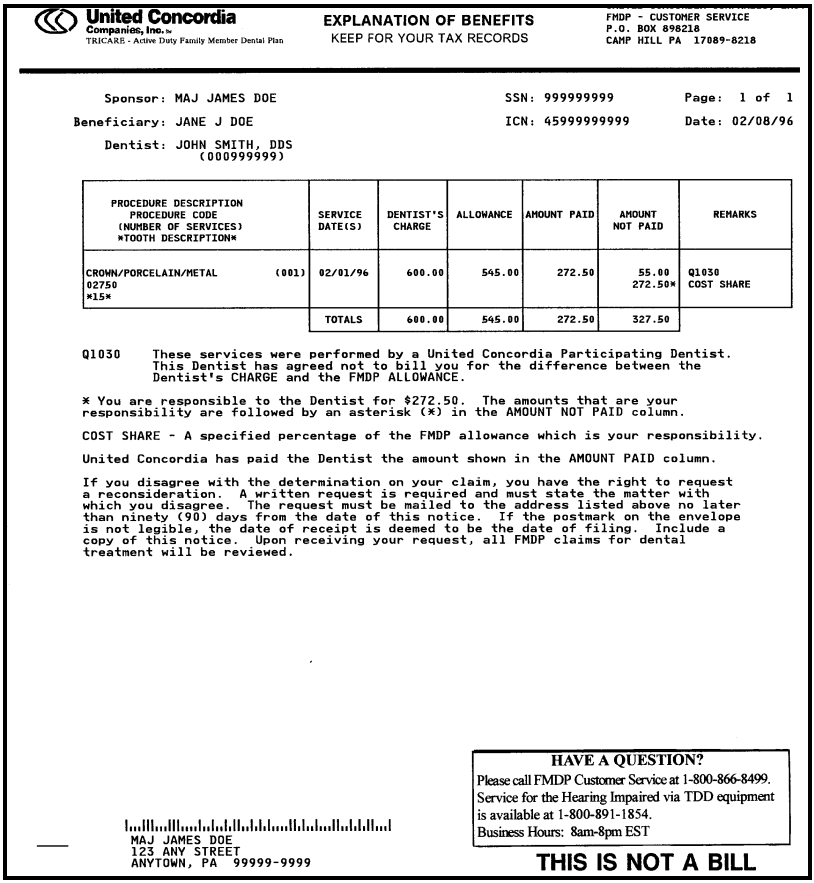
Once the predetermination claim is finalized, United Concordia will notify both the family member and dentist. When the predetermined service has been provided, return the Dental Predetermination Notification and Request for Payment form to United Concordia, indicating the date the service(s) was provided. If multiple services have been predetermined, it is not necessary for all predetermined services to have been performed in order for the predetermination notification to be returned for processing.

FMDP predeterminations will remain valid for six months from the date of finalization. The Dental Predetermination Notification and Request for Payment form contains the date that the predetermination is approved. If the reported service is performed after the predetermination approval has expired, the service will have to be reviewed to determine if it is still eligible for payment.

Dental Explanation of Benefits (DEOB)

A DEOB is a computer-generated statement that explains how your claim was processed. If your dentist is a participating dentist, the DEOB tells you how much your dentist was paid. If there are non-covered services, the DEOB will explain what was not covered and why. The DEOB will also tell you the amount of your cost share, if any. If you have a cost share, you will need to pay that amount to your dentist, as well as any non-covered services or costs.

Once your claim is processed, you will receive a DEOB. If your dentist submitted your claim for you, he or she will also receive a DEOB.



United Concordia Companies, Inc.
TRICARE - Active Duty Family Member Dental Plan

EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

FMDP - CUSTOMER SERVICE
P.O. BOX 898218
CAMP HILL PA 17089-8218

Sponsor: MAJ JAMES DOE
SSN: 999999999
Page: 1 of 1
Beneficiary: JANE J DOE
ICN: 45999999999
Date: 02/08/96
Dentist: JOHN SMITH, DDS
(000999999)

PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES) *TOOTH DESCRIPTION*	SERVICE DATE(S)	DENTIST'S CHARGE	ALLOWANCE	AMOUNT PAID	AMOUNT NOT PAID	REMARKS
CROWN/PORCELAIN/METAL (001) 02750 *15*	02/01/96	600.00	545.00	272.50	55.00 272.50*	Q1030 COST SHARE
	TOTALS	600.00	545.00	272.50	327.50	

Q1030 These services were performed by a United Concordia Participating Dentist. This Dentist has agreed not to bill you for the difference between the Dentist's CHARGE and the FMDP ALLOWANCE.

* You are responsible to the Dentist for $272.50. The amounts that are your responsibility are followed by an asterisk (*) in the AMOUNT NOT PAID column.

COST SHARE - A specified percentage of the FMDP allowance which is your responsibility.

United Concordia has paid the Dentist the amount shown in the AMOUNT PAID column.

If you disagree with the determination on your claim, you have the right to request a reconsideration. A written request is required and must state the matter with which you disagree. The request must be mailed to the address listed above no later than ninety (90) days from the date of this notice. If the postmark on the envelope is not legible, the date of receipt is deemed to be the date of filing. Include a copy of this notice. Upon receiving your request, all FMDP claims for dental treatment will be reviewed.

HAVE A QUESTION?
Please call FMDP Customer Service at 1-800-866-8499. Service for the Hearing Impaired via TDD equipment is available at 1-800-891-1854.
Business Hours: 8am-8pm EST

MAJ JAMES DOE
123 ANY STREET
ANYTOWN, PA 99999-9999

THIS IS NOT A BILL

How to Read Your DEOB

Top of the DEOB

At the top of the DEOB page, the following will be indicated:

Sponsor's name: The name of the active duty uniformed service member.

Sponsor's social security number

Page number: This will tell you the number of pages in the DEOB.

Beneficiary's name: The family member's name as it appears on the claim form.

ICN: The Internal Control Number is the unique number United Concordia uses to identify the claim. ***You will need to reference this number if you contact us with questions about the DEOB.***

Date: This is the date United Concordia processed the claim.

Provider: Name of the dentist who performed the service and the corresponding provider number.

Claim Information

This table explains how your claim was processed. There you will find the procedure code identifying the service your dentist performed (five-digit number) and the tooth number identified by an asterisk.

Service Date(s): The date dental treatment was administered to the patient.

Provider's Charge: The amount charged by the dentist.

Allowance: The amount United Concordia will allow for the services.

Amount paid: The amount United Concordia paid for the treatment after deductions, where applicable.

Amount not paid: Amounts that have not been paid. This will include the difference between the provider charge and United Concordia's allowance, any cost share amounts, other insurance amounts, etc.

Remarks: The code in this field matches the code in the explanation field at the bottom of the claim.

Messages

The messages on the bottom page of the DEOB explain:

- Whether the dentist that performed the treatment was a FMDP participating dentist or non-participating dentist.
- The amount paid by United Concordia.
- There will be a paragraph that contains your appeal rights and the process for requesting a reconsideration.
- Summary information on your benefits for claims paid during the contract year. This will tell you how much United Concordia has paid toward your $1,000 yearly maximum.

Questions About Your DEOB

If you have a question about your DEOB, please contact United Concordia's Customer Service Department. Please refer to the Directory for the address and phone numbers.

Please be sure to include the following information in your letter, or have it handy when you call:

- Sponsor's name
- Sponsor's Social Security Number
- Family Member's name
- Dentist's address and phone number
- ICN of claim from the DEOB

By federal law United Concordia must protect the privacy rights of individuals. To this end, United Concordia Customer Service Representatives may ask those who call with questions about claims to confirm their identity.

United Concordia's Customer Service Representatives will reply to your written inquiry within 30 days of receipt.

Electronic Claim Submission

Your dentist has the option to electronically submit claims to United Concordia. Sending claims electronically reduces processing time and paperwork. This service is available 24 hours a day, seven days a week, at no charge.

If your dentist would like more information regarding electronic claims submission, please ask him or her to call United Concordia's Dental Electronic Services at 1-800-633-5430.

Controlling Dental Costs

United Concordia has identified the following ways to help you control your family's dental costs:

- **Select a participating dentist.** By using a participating dentist, you will have no charges other than your cost share, if any, for covered services.

- Routine visits and early diagnosis and treatment of dental needs will prevent costly services later. FMDP covers **most** routine preventive services at 100 percent of United Concordia's allowance.

- **Know your benefits.** There are limitations to your coverage and not all services are covered.

- Ask your dentist to explain all recommended services. If you or your dentist are not sure if a service is covered or what your cost share will be, **ask your dentist to submit a predetermination request**.

- **Talk to your HBA/installation contact**, who is a valuable resource for all your questions and concerns about the FMDP.

- You may also call United Concordia's Customer Service Department at 1-800-866-8499 whenever you have a question or concern about the FMDP.

How to Select Your Dentist

FMDP members must receive dental care at civilian dental offices. You may visit any civilian dentist of your choice. However, by receiving treatment from a United Concordia participating dentist, you can save money, time and paperwork.

A United Concordia participating dentist has signed a contractual agreement to follow United Concordia's rules for providing care and accepting payments. When you visit a participating dentist, you will never have to pay more than the applicable cost share percentage for covered services, subject to stated limitations and maximums.

Specifically, United Concordia participating dentists agree to:

- Accept United Concordia's allowance for **covered services** as payment in full. This means that you only have to pay the applicable cost share percentage; you do not have to pay any part of the dentist's charge which exceeds United Concordia's allowance**. Balance billing by participating dentists is prohibited.**

- Accept direct payment from United Concordia for covered services. This means that the benefit payment will be sent directly to the dentist and you will receive a Dental Explanation of Benefits (DEOB) notifying you of the payment and any cost share for which you are responsible.

- Complete the claim form for you at no extra charge and submit it directly to United Concordia.

- Participate in United Concordia's quality assurance programs.

- Submit predetermination requests, as appropriate.

- Provide any information needed by United Concordia to make coverage and payment determinations.

In addition, participating dentists may be exempt from submitting pretreatment radiographs for complete and partial bony impactions if they choose to cooperate with post-payment reviews.

Dentists who have not signed a contract with United Concordia are considered non-participating dentists. **These dentists may bill you for their full fee, which means that you will have to pay any difference between United Concordia's allowance and the amount charged by the non-participating dentist in addition to the applicable cost share percentage.** These dentists may submit claim forms for you or they may ask you to submit them.

Non-participating dentists may accept direct payment from United Concordia or may allow the benefit payment to be sent to you. If you want payment sent directly to a non-participating dentist, you must sign an assignment of benefits statement on the claim form. This allows United Concordia to send payment to the non-participating dentist and to notify you with a DEOB. If the assignment of benefits provision is not signed, United Concordia's payment will be sent to you and you will be responsible for paying the dentist.

Ask your family dentist if he or she is a participating dentist with United Concordia. If so, you may continue to receive care from him or her and have all the advantages of using a participating dentist as listed above. If your dentist is non-participating, you may continue to receive care, but be aware that you will have to pay any difference between United Concordia's allowance and your dentist's full charge. If your dentist is interested in becoming a participating dentist, ask him or her to call United Concordia's Customer Service Department at 1-800-866-8499.

Should you need help in locating a participating dentist, contact your HBA/installation contact or call United Concordia's Customer Service Department at 1-800-866-8499.

The FMDP contract requires that a United Concordia participating **general** dentist be located within 35 miles of your home and be able to arrange an appointment within 21 days of your call to the dental office. United Concordia is committed to ensuring this level of service

for you. United Concordia actively seeks dentists to add to our participating dentist list so that you will be able to receive dental care convenient to your home and within 21 days of your call to the dental office.

Quality of Care

Continuous quality assurance review procedures are employed to ensure that you receive necessary, quality care and that the services are billed properly.

United Concordia only pays benefits for dental services to dentists and other dental care providers whose services meet acceptable standards of dental practice. Acceptable standards of dental care are the general standards of care that prevail within the dental community. In making determinations relative to these acceptable standards, United Concordia uses the services of professional consultants, or Dental Advisors, who engage in clinical practice. In rare cases, a dentist may be removed from our list of participating providers if our Dental Advisors determine that he or she is not providing care within acceptable standards of dental practice.

Should you have a concern about quality of care, you may want to first discuss it with your dentist. Concerns can often be handled by asking your dentist questions about your treatment.

If you still have concerns after talking to your dentist, please write to the United Concordia FMDP Program Integrity Department:

United Concordia Companies, Inc.
FMDP Quality of Care
P.O. Box 898222
Camp Hill, PA 17089-8222

Your letter should include the sponsor's name and social security number, the family member's name and relationship to the sponsor, the name and address of the dentist and an explanation of your concern. United Concordia's trained staff will investigate your concern, resolve it as appropriate, and notify you of the results.

FMDP Feedback

United Concordia may send you a letter asking if you are satisfied with the service and treatment you received from us. To continuously improve the services delivered under the FMDP, letters will be sent at random to FMDP family members to encourage feedback on the services you receive from United Concordia staff.

Appeals System

If you or your participating dentist disagree with United Concordia's benefit decision, you may appeal the decision. United Concordia provides an appeals system that allows full opportunity for eligible parties to appeal benefit decisions. This means that the family member (or the family member's parent or guardian if the family member is under age 18) or the dentist can request an appeal following the steps discussed below. A sponsor, parent, or guardian cannot appeal a decision for a family member 18 years of age or older; however, he or she may represent the family member if the sponsor, parent or guardian is appointed in writing. There are three levels to the appeals system:

- Reconsideration: This is the first step you should take. Reconsideration requests are submitted to United Concordia.

- Formal Review: If you disagree with the results of United Concordia's reconsideration, and the amount in dispute is over $50, you may request a formal review by the TRICARE Support Office (TSO) formerly known as the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS).

- Hearing: If you disagree with the results of the formal review, and the amount in dispute is over $300, you may request a hearing by TSO.

Reconsideration

If you do not agree with United Concordia's initial decision, you may request a reconsideration. Your request must be in writing and include a copy of the DEOB, x-rays, and any other additional information. FMDP Dental Service Representatives and Dental Advisors, as appropriate, will review the claim. The dentist and the family member will be notified of the results of the review and any action taken.

What Happens During a Reconsideration

United Concordia's Customer Service Representatives will review your reconsideration request. They will review all documentation submitted with your letter, and conduct a thorough investigation. They may contact you or your dentist for additional information, and in some cases, refer the claim to Dental Advisors.

The reconsideration may result in approval of the disputed costs, or confirmation of the initial decision. You will receive written notification of the reconsideration decision and the action taken, if any, within 60 days of receipt of your appeal request. The dentist and family member will be sent a copy of the reconsideration decision no matter who requested the reconsideration.

How to Request a Reconsideration

You, your authorized dentist, or your representative must write to United Concordia within 90 calendar days of the issue date of the DEOB. The issue date is located on the upper right corner of the DEOB. The DEOB will contain a notice of your right to appeal and instructions on how to request a reconsideration. Your letter must state the reasons you are requesting reconsideration, include a copy of the notice of initial determination on the DEOB, and be signed. You may include any additional documentation for United Concordia's consideration. Write to the following address:

United Concordia Companies, Inc.
FMDP Customer Service Department
P.O. Box 898218
Camp Hill, PA 17089-8218

Requests for reconsideration made after 90 days will not be accepted, unless you show that you had no control over the delay.

What Can and Cannot Be Appealed

To appeal a claim, there must be an amount in dispute. This means that there must be a charge or portion of a charge that United Concordia has decided is not payable. The amount in dispute is calculated as the amount of money FMDP would pay if the services involved had been determined to be payable. You may also appeal an adverse decision on a predetermination request.

The following issues cannot be appealed:

- Disputes regarding a requirement of law or regulation.
- The amount that United Concordia determines to be the allowable charge.
- Family member eligibility.
- Dentists who have been excluded or suspended by a government agency or state or local licensing authority.

Who Cannot Request an Appeal

Parties who cannot request an appeal:

- Dentists who are disqualified or excluded from being an authorized dentist.

- Dentists who are not participating dentists except to appeal the denial of his or her participation.

- Family members who have an interest in receiving care or who have received care from a particular dentist who has been excluded, suspended or terminated as an authorized dentist.

- Sponsors, parents, or guardians of family members older than 18 years of age, not a party to the initial determination may not appeal. They may represent the family member if they are appointed (in writing) by the family member.

- Third parties, such as other insurance companies.

How to Request a Formal Review/Hearing from TSO

You may request a **formal review** from TSO if you disagree with United Concordia's reconsideration and if the amount in dispute is $50 or more. The letter notifying you of the result of our reconsideration will include a notice of your right to a formal review and instructions on how to request one.

Your request for a formal review must be received by TSO within 60 days from the date of the reconsideration determination. Your request must be in writing and include copies of the reconsideration determination and any other information not supplied with your original appeal request. Send your request for formal review to:

Chief, Appeals and Hearings
TSO
Aurora, CO 80045-6900

If you disagree with the formal review decision and the amount in dispute is $300 or more, you may request a **hearing** by TSO. Within 60 days of the date of the formal review determination (the date on the letter from TSO notifying you of the results of the formal review), write to TSO at the above address.

***Note:** Neither United Concordia, TSO, or any other federal agency will be responsible for any of your costs should you choose to appeal a claim decision, including costs associated with a request for a hearing with TSO.*

Fraud and Abuse

Help Prevent Fraud

If you believe that a dentist performed unnecessary or inappropriate services, or billed for services you did not receive, you should immediately report this information to United Concordia.

Fraud can take many forms; some obvious and some not so obvious. Fraudulent acts include, but are not limited to, practices of:

- Submitting FMDP claims for services not received by family members.
- Billing or submitting FMDP claims for costs of noncovered or nonchargeable services, disguised as covered items.
- Duplicate billings for FMDP claims.
- Misrepresentation by the provider of his or her credentials or concealing information or business practices which bear on the provider's qualification for authorized FMDP provider status.

You have an opportunity to detect fraud and abuse that may take place. The key is carefully reviewing your Dental Explanation of Benefits (DEOB). Make sure that the information on your DEOB matches the services you received. For example:

- Look at the type and number of services provided.

- Look at the date services were provided.

- Look at the services billed to determine that you received them.

- Look at the payment to the dentist to determine if he or she was paid for more services than you received.

In accordance with Chapter 9 of the DoD Regulation 6010.8R, United Concordia, as a federal contractor, is forbidden to pay claims for services provided by those dentists under exclusions/sanctions imposed by the Department of Health and Human Services (DHHS) under the terms of the Social Security Act. In other cases, dentists can be excluded or suspended if the Director, TSO or designee determines this administrative remedy is in the best interest of the TRICARE – Active Duty Family Member Dental Plan. The government will notify United Concordia monthly concerning dentists who are under exclusions/sanctions or who have been reinstated.

Services provided by those dentists under exclusions/sanctions will be denied. Your Dental Explanation of Benefits will state**, " This dentist has been sanctioned by the U.S. Department of Health and Human Services. Therefore, the dentist has forfeited any entitlement to bill United Concordia or the FMDP member."**

What You Can Do if You Suspect Fraud

If you know or suspect that a dentist may be committing fraud or abuse, write us at:

United Concordia Companies, Inc.
FMDP Utilization Review
P.O. Box 898211
Camp Hill, PA 17089-8211

Or, call our Customer Service toll-free number at
1-800-866-8499

Dental Benefits for FMDP Members

The Family Member Dental Plan provides coverage for a broad scope of dental services. For services to be covered, they must be provided in the 50 United States, the District of Columbia, Canada, Guam, Puerto Rico or the U.S. Virgin Islands. The FMDP has patient cost shares, annual and lifetime maximums, and limitations which apply to specific services, as well as exclusions. The amount covered by the FMDP ranges from 100 to 50 percent of the allowed charge, depending on the type of dental service. Additional information regarding coverage is outlined in the remainder of this section.

General Policies

All covered services provided for family members are subject to the following general policies:

- Services must be necessary and meet accepted standards of dental practice.

- Medical procedures as well as procedures covered as adjunctive dental care under TRICARE Medical are not covered under the FMDP.

- Procedures should be reported using the American Dental Association's current dental procedure codes and terminology.

- Claims submitted for payment more than 12 months after the month in which a service is provided are not eligible for payment. A participating dentist may not bill the family member for services which are denied for this reason.

- Services, including evaluations, that are routinely performed in conjunction with or as part of another service are considered integral. Participating dentists may not bill family members for services denied if they are considered integral to another service.

- Charges for the completion of claim forms and submission of required information for determination of benefits are not payable by either United Concordia or the family member.

- Infection control procedures and fees associated with Occupational Safety and Health Administration (OSHA) compliance are considered part of the dental services provided and may not be billed separately.

- Local anesthesia is considered integral to the procedure(s) for which it is provided.

- Time periods for routine oral exams, prophylaxes, bitewing radiographs, and topical fluoride treatments are measured backward from the date of the most recent service in each category.

  For example, if you signed up for the FMDP in March 1997 and you received an exam and cleaning May 3, 1997 and then again November 10, 1997, you would be eligible for the next exam and cleaning May 1, 1998.

  If you choose to have an exam and cleaning in March 1998, that would be considered your third cleaning in a 12 consecutive month period and would not be an allowable charge. The third visit in a 12 month period would not be covered since it is in excess of the two allowable visits in a 12 consecutive month period.

  If you have any questions about benefit periods and eligibility, please contact a Customer Service Representative before you obtain the service.

Covered Services

All dental procedures covered by the FMDP are listed below by category. **If a procedure is not listed, it is not a covered benefit under the program.**

Some of the covered procedures require the submission of a radiograph and/or brief narrative report of the specific service(s) performed and any factors that may have affected the care provided. Where applicable, these requirements are indicated on the list of covered procedures. If radiographs are required, dentists are requested to submit all radiographs used for diagnosis and treatment planning. The radiographs should be of diagnostic quality, mounted and identified with the dentist's name and address, as well as the patient's name and sponsor's social security number. Also include the date the radiographs were taken. **If, for some reason, radiographs are not available, a brief explanation should be included on the claim form.**

Report required means that these services will be paid only in unusual circumstances and documentation of the circumstances must be submitted with the claim.

Diagnostic Services Covered at 100 Percent

United Concordia will pay up to 100 percent of the allowance for the following procedures:

R = Report required

00120	Periodic oral evaluation
00140	Limited oral evaluation – problem focused
00150	Comprehensive oral evaluation
00160 **R**	Detailed and extensive oral evaluation – problem focused, by report
00210	Intraoral-complete series (including bitewings)
00220	Intraoral-periapical-first film
00230	Intraoral-periapical-each additional film
00240	Intraoral-occlusal film
00250	Extraoral-first film
00260	Extraoral-each additional film
00270	Bitewings-single film
00272	Bitewings-two films
00274	Bitewings-four films
00290	Posterior-anterior or lateral skull and facial bone survey film

00330	Panoramic film
00340	Cephalometric film
00425	Caries susceptibility tests
00460	Pulp vitality tests

Benefits and Limitations for Diagnostic Procedures:

- Two oral evaluations are covered in a 12 consecutive month period.
- Oral evaluations are considered integral when provided on the same date of service as a surgical procedure by the same dentist.
- Limited oral evaluations - problem focused are only covered when performed on an emergency basis.
- Specialty evaluations are paid as comprehensive or periodic evaluations and are subject to the two evaluations within twelve consecutive months limitation.
- Detailed and extensive oral evaluations - problem focused are only payable by report upon advisor review and are limited to once per patient per dentist. They will not be paid if related to non covered medical, dental or adjunctive dental procedures.
- One comprehensive evaluation will be allowed per patient per office. Subsequent evaluations are considered periodic.
- Oral evaluations are considered integral when provided on the same date of service as palliative treatment by the same dentist.
- Radiographs which are not of diagnostic quality are not covered and may not be charged to the patient.
- One full mouth series of radiographs or one panoramic radiograph is covered in a 36 month period.

- Two sets of bitewing radiographs, consisting of up to four bitewing radiographs per visit, are covered during a 12 consecutive month period.

- Periapical radiographs are covered, as required.

- Radiographs are not a covered benefit when taken by a radiograph laboratory unless billed by a licensed dentist.

- If ten or more periapical and radiographs are reported with the same date of service, by the same dentist, they will be processed as a full mouth series of radiographs.

- Periapical and/or bitewing radiographs are considered integral when performed on the same date of service, by the same dentist, as a full mouth series of radiographs.

- Periapical radiographs are considered integral when performed on the same date of service, by the same dentist, as a panoramic radiograph.

- The radiograph taken to diagnose the need for a root canal is eligible for payment in addition to the root canal therapy. All other radiographs taken, within 30 days of the root canal, and in conjunction with the root canal treatment including post-treatment films are considered integral and should not be billed separately.

- Radiographs are not covered when performed in conjunction with the diagnosis or treatment of Temporomandibular Joint Dysfunction (TMD).

- Pulp vitality tests are covered only when performed in conjunction with emergency services. When provided with other services, they are considered integral. In addition, only one pulp vitality test is payable per patient on the same date of service by the same dentist.

- Caries susceptibility tests are payable only in conjunction with an intensive regimen of home preventive therapy (including prescription mouth rinses) to determine if the therapy should be

continued. The test is payable once per regimen. The regimen must have been initiated immediately following completion of restorative care for a recent episode of rampant caries.

- Caries susceptibility tests are not payable on a routine basis, for patients with unrestored carious lesions, or when performed for patient education.

Preventive Services Covered at 100 Percent

United Concordia will pay 100 percent of the allowance for the following procedures:

01110	Prophylaxis-adult
01120	Prophylaxis-child
01201	Topical application of fluoride (including prophylaxis) - child
01203	Topical application of fluoride (prophylaxis not included) - child
01204	Topical application of fluoride (prophylaxis no included) - adult
01205	Topical application of fluoride (including prophylaxis) - adult
01510	Space maintainer - fixed - unilateral
01515	Space maintainer - fixed - bilateral
01520	Space maintainer - removable - unilateral
01525	Space maintainer - removable - bilateral
01550	Recementation of space maintainer

Benefits and Limitations for Preventive Services:

- Two routine prophylaxes are covered in a 12 consecutive month period.

- Adult prophylaxes will be allowed on patients 13 years of age and older.

- Routine prophylaxes are considered integral when performed by the same dentist on the same day as: scaling and root planing, periodontal surgery and periodontal maintenance procedures.

- A routine prophylaxis includes associated scaling and polishing procedures. There are no provisions for any additional allowance based on degree of difficulty.

- Periodontal scaling in the presence of gingival inflammation is considered to be a routine prophylaxis and paid as such. Participating dentists may not bill the patient for any difference in fees.

- Two topical fluoride applications are covered in a 12 consecutive month period.

- Topical fluoride applications are covered only when performed as independent procedures. The use of a prophylaxis paste containing fluoride qualifies for payment only as a prophylaxis.

- Space maintainers are covered only for family members under the age of 19, and are covered only when replacing primary cuspids, primary molars, and permanent first molars.

- Repair of a damaged space maintainer is not a covered benefit.

Sealants Covered at 80 Percent

United Concordia will pay 80 percent of the allowance for the following procedure:

01351 Sealant - per tooth

Benefits and Limitations for Sealant Procedures:

- Sealants are covered on the permanent first molars through age 10, and through age 15 on permanent second molars. The teeth must be caries free with no previous restoration on the mesial, distal or occlusal surfaces. One sealant per tooth is covered in a three year period.

- Sealants for teeth other than permanent first and second molars are not covered.

- Sealants provided on the same date of service and the same tooth as a restoration of the occlusal surface are considered integral procedures.

Restorative Services Covered at 80 Percent

United Concordia will pay 80 percent of the allowance for the following procedures:

02110	Amalgam - one surface, primary
02120	Amalgam - two surfaces, primary
02130	Amalgam - three surfaces, primary
02131	Amalgam - four or more surfaces, primary
02140	Amalgam - one surface, permanent
02150	Amalgam - two surfaces, permanent
02160	Amalgam - three surfaces, permanent
02161	Amalgam - four or more surfaces, permanent
02210	Silicate cement - per restoration
02330	Resin - one surface, anterior
02331	Resin - two surfaces, anterior
02332	Resin - three surfaces, anterior
02335	Resin - four or more surfaces or involving incisal angle (anterior)
02930	Prefabricated stainless steel crown – primary tooth
02931	Prefabricated stainless steel crown – permanent tooth
02932	Prefabricated resin crown
02933	Prefabricated stainless steel crown with resin window
02951	Pin retention - per tooth, in addition to restoration

Benefits and Limitations for Restorative Services:

- Diagnostic casts (study models), taken in conjunction with restorative procedures are considered integral.

- Silicate cement restorations involving the incisal angle will be processed as resin restorations involving the incisal angle.

- Restorative services are covered only when necessary due to decay or fracture. Restorative services are not benefits when performed for cosmetic purposes or due to attrition, erosion, abrasion, or congenital or developmental defects.

- A restoration involving two or more surfaces should be reported using the appropriate multiple surface restoration code.

- Multiple restorations performed on the same surface of a posterior tooth, without involvement of a second surface, on the same date and by the same dentist, will be processed as a single surface restoration.

- If multiple posterior restorations involving multiple surfaces with at least one common surface are reported, an allowance will be made for a single restoration reflecting the number of different surfaces involved.

- Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 12 months of the original restoration are considered integral procedures, and a separate fee is not chargeable to the family member by a participating dentist. However, payment may be allowed if the repair or replacement is due to a fracture, or the restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is placed following root canal therapy.

- Pin retention is covered only when reported in conjunction with an eligible restoration.

- Resin (composite) restorations are not covered when performed on posterior teeth. However, an allowance will be made for a comparable amalgam restoration. The family member is responsible for the difference between the dentist's charge for the resin restoration and the amount paid by United Concordia for the amalgam restoration.

- Prefabricated resin crowns are covered only on anterior primary teeth, anterior permanent teeth through age 14, or when placed as the result of accidental injury.

- Prefabricated stainless steel crowns with resin windows are covered only on anterior and premolar teeth.

- Restorations are not covered when performed after the placement of any type of crown or onlay, on the same tooth and by the same dentist, unless approved by a Dental Advisor.

- The payment for restorations includes all related services including but not limited to etching, bases, liners, local anesthesia, polishing, and caries removal and detection agents.

- Prefabricated stainless steel crowns are covered only on primary teeth, permanent teeth through age 14 or when placed as the result of accidental injury. They are limited to one per patient, per tooth, per lifetime.

Other Restorative Services Covered at 50 Percent

United Concordia will pay 50 percent of the allowance for the following procedures:

X = radiograph required
R = report required

02543 **X** Onlay – metallic – three surfaces
02544 **X** Onlay – metallic – four or more surfaces
02740 **X** Crown - porcelain/ceramic substrate
02750 **X** Crown - porcelain fused to high noble metal

02751 **X** Crown - porcelain fused to predominately base metal
02752 **X** Crown - porcelain fused to noble metal
02790 **X** Crown - full cast high noble metal
02791 **X** Crown - full cast predominately base metal
02792 **X** Crown - full cast noble metal
02810 **X** Crown - 3/4 cast metallic
02910 Recement inlay
02920 Recement crown
02950 **X** Core buildup, including any pins
02952 **X** Cast post and core in addition to crown
02954 **X** Prefabricated post and core in addition to crown
02970 **R** Temporary crown (fractured tooth)
02980 **R** Crown repair, by report

Benefits and Limitations for Other Restorative Services:

- The charge for a crown or onlay should include all services related to its placement including, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, and cementations of both permanent and temporary crowns.

- Onlays, permanent single crown restorations and posts and cores for family members 12 years of age or younger are excluded from coverage, unless specific rationale is provided indicating the reason for such treatment.

- Implant related restorative services are not covered.

- Replacement of crowns, onlays, build-ups, and posts and cores are covered only if the existing crown, onlay, build-up or post and core was inserted at least five years prior to the replacement, and satisfactory evidence is presented that the existing crown, onlay, build-up or post and core, is not and cannot be made serviceable.

- Temporary crowns are generally not covered except in the following situations:

    a) The tooth is fractured as the result of accidental injury.

b) The crown is placed on a permanent tooth for family members 14 years of age or younger.

c) A crown is placed on a primary tooth.

- One temporary crown per tooth per lifetime is covered.

- Recementation of prefabricated and cast crowns, bridges, onlays, inlays, and posts within six months of placement by the same dentist is considered integral to the original procedure.

- Onlays, crowns and posts and cores are payable only when necessary due to decay or fracture. However if the tooth can be adequately restored with amalgam, composite or resin filling material payment will be made for that service. This payment can be applied towards the cost of the onlay, crown or post and core.

- Veneers are not a covered service. However, an allowance may be made for an anterior resin restoration, if a restoration is necessary due to fracture or caries.

- Porcelain ceramic and composite resin inlays and onlays are not covered benefits. However, payment may be made for a corresponding resin restoration for an anterior tooth or amalgam restoration for a posterior tooth reflective of the number of different surfaces restored.

- For reporting and benefit purposes the completion date for crowns, onlays and buildups is the cementation date.

- Glass ionomer restorations are not a covered benefit. However, payment may be made based upon the fees for amalgam restorations for posterior teeth, or resin restorations for anterior teeth.

Endodontic Services Covered at 60 Percent

United Concordia will pay 60 percent of the allowance for the following procedures:

03120 Pulp cap-indirect (excluding final restoration)
03220 Therapeutic pulpotomy (excluding final restoration)
03230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
03240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
03310 Anterior root canal (excluding final restoration)
03320 Bicuspid root canal (excluding final restoration)
03330 Molar root canal (excluding final restoration)
03346 Retreatment of previous root canal therapy - anterior
03347 Retreatment of previous root canal therapy - bicuspid
03348 Retreatment of previous root canal therapy - molar
03351 Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)
03352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root absorption, etc.)
03353 Apexification/recalcification - final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
03410 Apicoectomy/Periradicular surgery-anterior
03421 Apicoectomy/Periradicular surgery-bicuspid (first root)
03425 Apicoectomy/Periradicular surgery - molar (first root)
03426 Apicoectomy/Periradicular surgery (each additional root)
03430 Retrograde filling - per root
03450 Root amputation - per root
03920 Hemisection (including any root removal), not including root canal therapy

Benefits and Limitations for Endodontic Procedures:

- Direct pulp caps are not a covered service.

- Indirect pulp caps are considered integral when provided within 60 days prior to the final restoration. When covered, payment is limited to one indirect pulp cap per tooth.

- Pulpotomies are considered integral when performed by the same dentist within a 45 day period prior to the completion of root canal therapy.

- A pulpotomy is covered when performed as a final endodontic procedure and is payable generally on primary teeth only. Pulpotomies performed on permanent teeth are considered integral to root canal therapy and are not reimbursable unless specific rationale is provided and root canal therapy is not and will not be provided on the same tooth.

- Except for the initial diagnostic film, all radiographs taken within 30 days of pulpal/root canal therapy are considered integral to the pulpal/root canal therapy.

- Pulpal therapy, (resorbable filling) is limited to only primary teeth and is a benefit once per tooth per lifetime. Payment for the pulpal therapy will be offset by the allowance for a pulpotomy provided within 45 days preceding pulpal therapy on the same tooth by the same dentist.

- Pulpal therapy, (resorbable filling) is a benefit for primary incisor teeth for family members up to age six and for primary molars and cuspids up to age eleven.

Periodontal Services Covered at 60 Percent

United Concordia will pay 60 percent of the allowance for the following procedures:

X = radiograph required
R = report required

04210	**X**	Gingivectomy or gingivoplasty-per quadrant
04211	**X**	Gingivectomy or gingivoplasty-per tooth
04220	**R**	Gingival curettage, surgical, per quadrant
04240		Gingival flap procedure, including root planing-per quadrant
04249		Clinical crown lengthening - hard tissue
04250	**X**	Mucogingival surgery-per quadrant
04260	**X**	Osseous surgery (including flap entry and closure)-per quadrant
04263	**X**	Bone replacement graft – first site in quadrant

04264	**X**	Bone replacement graft – each additional site in quadrant
04266	**X**	Guided tissue regeneration – resorbable barrier, per site, per tooth
04267	**X**	Guided tissue regeneration – non-resorbable barrier, per site, per tooth (includes membrane removal)
04270		Pedicle soft tissue graft procedure
04271		Free soft tissue graft procedure (including donor site)
04273		Subepithelial connective tissue graft procedure (including donor site surgery)
04341		Periodontal scaling and root planing-per quadrant
04910		Periodontal maintenance procedures (following active therapy)
04920		Unscheduled dressing change (by someone other than treating dentist)

Benefits and Limitations for Periodontal Procedures:

- Gingival curettage is generally only eligible in limited areas of the mouth to treat specific conditions. It is not eligible to treat chronic adult periodontitis.

- Gingivectomies, gingival flap procedure, mucogingival surgery, guided tissue regeneration, and osseous surgery provided within 24 months of the same surgical periodontal procedure in the same area of the mouth are not covered.

- Mucogingival surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.

- Osseous surgery is not covered when provided within 24 months of mucogingival surgery in the same area of the mouth.

- Subepithelial connective tissue grafts are payable at the level of free soft tissue grafts. The difference between the allowance for the soft tissue graft and the dentist's charge for the subepithelial graft is the patient's responsibility.

- A single site for reporting osseous grafts consists of one contiguous area, regardless of the number of teeth (e.g., crater) or surfaces involved. Another site on the same tooth is considered integral to the first site reported. Non-contiguous areas involving different teeth may be reported as additional sites.

- Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dentist, and in the same area of the mouth will be processed as crown lengthening.

- Gingivectomies or gingivoplasties performed in conjunction with the placement of crowns, onlays, crown buildups or posts and cores, are considered integral to the restoration.

- One crown lengthening per tooth, per lifetime is covered.

- Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing, or periodontal surgical procedures in the same area of the mouth is not covered.

- A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, mucogingival surgery, osseous surgery, or curettage.

- Up to four periodontal maintenance procedures or any combination of routine prophylaxes and periodontal maintenance procedures totaling four may be paid within a 12 consecutive month period.

- Periodontal maintenance is generally covered when performed following active periodontal treatment. The allowance includes an evaluation and all related services.

- Payment for multiple periodontal surgical procedures (except soft tissue grafts, osseous grafts and guided tissue regeneration) provided in the same area of the mouth during the same course of treatment is

based on the fee for the greater surgical procedure. The lesser procedure is considered integral and its allowance is included in the allowance for the greater procedure.

- Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis is not a covered benefit. When performed on the same date of service as scaling and root planing or a prophylaxis it is considered integral to these services.

Oral Surgery Services Covered at 60 Percent

United Concordia will pay 60 percent of the allowance for the following procedures:

X = radiograph required
R = report required

07110	Single tooth
07120	Each additional tooth
07130	Root removal-exposed roots
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
07220	Removal of impacted tooth-soft tissue
07230 **X**	Removal of impacted tooth-partially bony
07240 **X**	Removal of impacted tooth-completely bony
07250	Surgical removal of residual tooth roots (cutting procedure)
07260	Oral antral fistula closure
07270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus
07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)
07281	Surgical exposure of impacted or unerupted tooth to aid eruption
07285	Biopsy of oral tissue-hard
07286	Biopsy of oral tissue-soft
07290	Surgical repositioning of teeth
07291	Transseptal fiberotomy

07310	Alveoloplasty in conjunction with extractions-per quadrant
07320	Alveoloplasty not in conjunction with extractions-per quadrant
07470	Removal of exostosis-maxilla or mandible
07510	Incision and drainage of abscess-intraoral soft tissue
07910	Suture of recent small wounds up to 5 cm
07911	Complicated suture-up to 5 cm
07912 **R**	Complicated suture-greater than 5 cm
07971	Excision of periocoronal gingiva

Benefits and Limitations for Oral Surgery:

- Fiberotomies are only covered on permanent first bicuspids and permanent anterior teeth.

- Biopsies are an eligible benefit when tissue is surgically removed for the specific purpose of histopathological examination and diagnosis.

- Biopsies are considered integral when performed in conjunction with other surgical procedures on the same day in the same area of the mouth.

- Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.

- Intraoral soft tissue incision and drainage is only covered when it is provided as the definitive treatment of an abscess. Routine follow up care is considered integral to the procedure.

- Simple incision and drainage reported with root canal therapy is considered integral to the root canal therapy.

- Charges for related services such as necessary wires and splints, adjustments and follow up visits considered integral to the fee for reimplantation.

- Routine post operative care such as suture removal is considered integral to the fee for the surgery.

Prosthodontic Services Covered at 50 Percent

United Concordia will pay 50 percent of the allowance for the following procedures:

Prosthodontics, removable:

05110	Complete denture - maxillary
05120	Complete denture - madibular
05130	Immediate denture - maxillary
05140	Immediate denture - madibular
05211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)
05212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)
05213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)
05214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)
05410	Adjust complete denture - maxillary
05411	Adjust complete denture - madibular
05421	Adjust partial denture - maxillary
05422	Adjust partial denture - madibular
05510	Repair broken complete denture base
05520	Replace missing or broken teeth - complete denture (each tooth)
05610	Repair resin denture base
05620	Repair cast framework
05630	Repair or replace broken clasp
05640	Replace broken teeth - per tooth
05650	Add tooth to existing partial denture
05660	Add clasp to existing partial denture
05710	Rebase complete maxillary denture
05711	Rebase complete mandibular denture
05720	Rebase maxillary partial denture
05721	Rebase mandibular partial denture
05730	Reline complete maxillary denture (chairside)
05731	Reline complete mandibular denture (chairside)
05740	Reline maxillary partial denture (chairside)

05741 Reline mandibular partial denture (chairside)
05750 Reline complete maxillary denture (laboratory)
05751 Reline complete madibular denture (laboratory)
05760 Reline maxillary partial denture (laboratory)
05761 Reline madibular partial denture (laboratory)
05810 Interim complete denture (maxillary)
05811 Interim complete denture (mandibular)
05820 Interim partial denture (maxillary)
05821 Interim partial denture (mandibular)
05850 Tissue conditioning, maxillary
05851 Tissue conditioning, mandibular

Prosthodontics, fixed

X = radiograph required
R = report required

06210 **X** Pontic - cast high noble metal
06211 **X** Pontic - cast predominantly base metal
06212 **X** Pontic - cast noble metal
06240 **X** Pontic - porcelain fused to high noble metal
06241 **X** Pontic - porcelain fused to predominately base metal
06242 **X** Pontic - porcelain fused to noble metal
06543 **X** Onlay – metallic – three surfaces
06544 **X** Onlay – metallic – four or more surfaces
06545 **X** Retainer - cast metal for resin bonded fixed prosthesis
06750 **X** Crown - porcelain fused to high noble metal
06751 **X** Crown - porcelain fused to predominantly base metal
06752 **X** Crown - porcelain fused to noble metal
06780 **X** Crown - 3/4 cast high noble metal
06790 **X** Crown - full cast high noble metal
06791 **X** Crown - full cast predominately base metal
06792 **X** Crown - full cast noble metal
06930 Recement fixed partial denture
06970 **X** Cast post and core in addition to fixed partial denture retainer
06972 **X** Prefabricated post and core in addition to fixed partial denture retainer
06973 **X** Core buildup for retainer, including any pins
06980 **R** Fixed partial denture repair, by report

Benefits and Limitations for Prosthodontic Services:

- Removable cast base partials for family members under age 12 are excluded from coverage unless specific rationale is provided indicating the necessity for treatment.

- The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures is included in the fee for these procedures. A separate fee is not chargeable to the family member by a participating dentist.

- Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.

- Recementation of crowns, fixed partial dentures, inlays, onlays or cast posts, within six months of their placement by the same dentist is considered integral to the original procedure.

- Adjustments provided within six months of the insertion of an initial or replacement denture are integral to the denture.

- The relining or rebasing of a denture is considered integral when performed within six months following the insertion of that denture.

- A reline/rebase is covered once in any 36 months.

- Fixed partial dentures, build-ups, posts and cores for family members under 16 years of age are not covered unless specific rationale is provided indicating the necessity for such treatment.

- An alternative benefit of a conventional denture may be allowed towards a more specialized denture or overdenture. The additional cost is the member's responsibility.

- A fixed partial denture and removable partial denture are not covered benefits in the same arch. Payment will be made for removable partial denture to replace all missing teeth in the arch.

- Cast unilateral removable partial dentures are not covered benefits.

- Precision attachments, personalization, precious metal bases and other specialized techniques are not covered benefits.

- For reporting and benefit purposes the completion date for crowns and fixed partial dentures is the cementation date. The completion date is the insertion date for removable prosthodontic appliances.

- Temporary fixed partial dentures are not a covered benefit, and when done in conjunction with permanent fixed partial dentures, are considered integral to the allowance for the fixed partial dentures.

- Interim removable partial dentures are a benefit only to replace permanent anterior teeth during the healing period. Interim complete dentures are a benefit only under extenuating circumstances such as jaw surgery.

- Implant related prosthetics are not covered.

- Replacement of removable dentures, abutment build-ups, posts and cores, or fixed partial dentures is covered only if the existing denture, abutment build-up, post and core, or fixed partial denture was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing denture, abutment buildup, post and core, or fixed partial denture is not, and cannot be made serviceable.

Orthodontic Services (BRACES)

Orthodontic treatment is covered for family members up to, but not including, 19 years of age. Orthodontic services are paid at 50 percent of the allowance up to a lifetime maximum per family member of $1,200. The family members' cost share is 50 percent.

Payment for orthodontic services is unique because payment is begun before treatment is complete and may continue over an extended period of time. There is also a separate lifetime maximum for orthodontic treatment.

Orthodontic Services Covered at 50 Percent

United Concordia will pay 50 percent of the allowance up to a lifetime maximum per family member of $1,200 for the following procedures:

R = report required

00470 Diagnostic casts

Note: Diagnostic casts are payable at 50 percent of the United Concordia allowance, once per orthodontic treatment plan. Payment for diagnostic casts will be applied towards the annual maximum.

Limited Orthodontic Treatment

08010 Limited orthodontic treatment of the primary dentition
08020 Limited orthodontic treatment of the transitional dentition
08030 Limited orthodontic treatment of the adolescent dentition
08040 Limited orthodontic treatment of the adult dentition

Interceptive Orthodontic Treatment

08050 Interceptive orthodontic treatment of the primary dentition
08060 Interceptive orthodontic treatment of the transitional dentition

Comprehensive Orthodontic Treatment

08070 Comprehensive orthodontic treatment of the transitional dentition
08080 Comprehensive orthodontic treatment of the adolescent dentition
08090 Comprehensive orthodontic treatment of the adult dentition

Minor Treatment to Control Harmful Habits

08210 Removable appliance therapy
08220 Fixed appliance therapy

Other Orthodontic Services

08670		Periodic orthodontic treatment visit (as part of contract)
08680		Orthodontic retention (removal of appliances, construction and placement of retainer(s))
08690	**R**	Orthodontic treatment, (alternative billing to a contract fee)

Policies, Limitations, and Exclusions for Orthodontic Procedures:

- Initial payment for orthodontic services will not be made until a banding date has been submitted to United Concordia.
- All retention and case finishing procedures are integral to the total case fee.
- Observations and adjustment are integral to the payment for retention appliances.
- Repair of damaged orthodontic appliances is not covered.
- The replacement of a lost or missing appliance is not a covered benefit.
- Myofunctional therapy is integral to orthodontic treatment and not payable as a separate benefit.
- Orthodontic treatment (alternative billing to contract fee) will be reviewed for individual consideration with any allowance being applied to the orthodontic lifetime maximum. It is only payable for services rendered by a dentist other than the dentist rendering complete orthodontic treatment.
- Periodic orthodontic treatment visits (as part of contract) are considered an integral part of a complete orthodontic treatment plan and are not reimbursable as a separate service. This code is used by United Concordia when making periodic payments as part of the complete treatment plan payment.

General Services

The FMDP will provide coverage for the following services at the percentage indicated. In order to be eligible these services must be directly related to the covered services already listed in this manual.

R = report required

Emergency Services covered at 100 percent

00140 Limited oral evaluation – problem focused
09110 Palliative (emergency) treatment of dental pain – minor procedures

Consultations covered at 80 percent

09310 Consultation - (diagnostic service provided by a dentist other than the dentist providing treatment)

Office visits covered at 80 percent

09440 Office visit - after regularly scheduled hours

Medications covered at 50 percent

09610 **R** Therapeutic drug injection, by report
09630 **R** Other drugs and/or medicaments, by report

Post-Surgical Services covered at 80 percent

09930 **R** Treatment of complications (post-surgical) unusual circumstances

Benefits and Limitations for General Services

- For a limited oral evaluation – problem focused or palliative emergency treatment to be covered it must involve a problem or symptom that occurred suddenly and unexpectedly and required immediate attention.

- Palliative emergency treatment and limited oral evaluation – problem focused are covered only if no definitive treatment is provided. However, only one of these services may be allowed on a given date.

- In order for palliative treatment to be covered, the dentist must provide treatment to alleviate the family member's problem. If the only service provided is to evaluate the patient and refer to another dentist and/or prescribe medication, it would be considered a limited oral evaluation – problem focused.

- Consultations are covered only when provided by a dentist other than the practitioner providing the treatment.

- Consultations reported for a non-covered benefit, such as temporomandibular joint dysfunction, are not covered.

- After hours visits are covered when the dentist must return to the office after regularly scheduled hours to treat the patient in an emergency situation.

- Therapeutic drug injections and other drugs or medicaments are only payable in unusual circumstances which must be documented by report. They are not benefits if performed routinely or in conjunction with or for the purposes of general anesthesia, analgesia, sedation, nitrous oxide or premedication.

- Drugs and medications not dispensed by the dentist and those available without prescription are not covered benefits.

- Preparations that can be used at home such as fluoride gels, special mouth rinses (including antimicrobials) etc., are not covered benefits.

Alternative Methods of Treatment

In cases where alternative methods of treatment exist, payment will be allowed for the least costly, professionally acceptable treatment. For example, payment may be allowed for a removable partial denture towards the cost of a proposed fixed partial denture. This determination is not recommending which treatment should be provided; should the dentist and family member decide to proceed with the fixed partial denture, the family member will be financially responsible for the difference between the dentist's fee for the fixed partial denture and the payment for the removable partial denture.

Non-Covered Services

Except as specifically provided in this guide the following services, supplies or charges are not covered:

- Those not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, United Concordia will pay for eligible covered services provided by authorized dental hygienists performing within the scope of their license and applicable state law.

- Those submitted by a dentist which are for the same services performed on the same date for the same family member by another dentist.

- Those which are experimental or exploratory in nature.

- Those which are for any illness or bodily injury occurring in the course of employment if benefits or compensation is available, in whole or part, under the provision of any legislation or any governmental unit. This exclusion applies whether or not the family member claims the benefits or compensation.

- Those which are later recovered in a lawsuit, or in a compromise or settlement of any claim, except where prohibited by law.
- Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
- Those for which the family member would have no obligation to pay in the absence of this or any similar coverage.
- Those received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group.
- Those performed prior to the family member's effective date.
- Those incurred after the termination date of the family member's coverage unless otherwise indicated.
- Those which are not medically or dentally necessary, or which are not recommended or approved by the treating dentist.
- Those not meeting accepted standards of dental practice.
- Those which are for unusual procedures and techniques.
- Those performed by a dentist who is compensated by a facility for similar covered services performed for family members.
- Telephone consultations.
- Any charges for failure to keep a scheduled appointment or charges for completion of a claim form.
- Any services which are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
- Duplicate and temporary devices, appliances, and services.
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD).

- Plaque control programs, oral hygiene, and dietary instructions.
- Implantology and related services.
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to equilibration, periodontal splinting, full mouth rehabilitation and restoration for malalignment of teeth.
- Restorations which are placed for cosmetic purposes or due to attrition, erosion, abrasion, or congenital or developmental malformations.
- General anesthesia, analgesia, sedation, nitrous oxide and premedications.
- Gold foil restorations.
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insured plan.
- Any other dental service or treatment not specifically listed as a covered service.
- Treatment provided outside the 50 United States, District of Columbia, Guam, Puerto Rico, Canada and the U.S. Virgin Islands.
- Hospital costs or any additional fees that the dentist or hospital charges for treating at the hospital (inpatient or outpatient).
- Adjunctive dental benefits as defined by applicable federal regulation.

Adjunctive Services

The FMDP does not cover services that are covered under the TRICARE/Medical adjunctive dental program. These services are covered under the TRICARE/Medical adjunctive dental program, even when provided by a general dentist or oral surgeon.

Services or procedures performed for the following diagnoses or conditions are not covered under the FMDP; however, they may be covered under the TRICARE/Medical adjunctive dental program.

- Treatment for relief of Myofacial Pain Dysfunction Syndrome or Temporomandibular Joint Dysfunction (TMD).

- Orthodontic treatment for cleft lip or cleft palate, or when required in preparation for, or as a result of, trauma to the teeth and supporting structures caused by medically necessary treatment of an injury or disease.

- Procedures associated with preventive and restorative dental care when associated with radiation therapy to the head or neck unless otherwise covered as a routine preventive procedure under the plan.

- Total or complete ankyloglossia.

- Intraoral abscesses which extend beyond the dental alveolus.

- Extraoral abscesses.

- Cellulitis and osteitis which is clearly exacerbating and directly affecting a medical condition currently under treatment.

- Removal of teeth and tooth fragments in order to treat and repair facial trauma resulting from an accidental injury.

- Prosthetic replacement of either the maxilla or mandible due to reduction of body tissues associated with traumatic injury (such as, gunshot wound), in addition to services related to treating neoplasms or iatrogenic dental trauma.

Directory

Customer Service:

Choosing a dentist, coverage information, appeals, claim status, additional claim forms, DEOB assistance, predeterminations:

United Concordia Companies, Inc.
FMDP Customer Service
P.O. Box 898218
Camp Hill, PA 17089-8218

Quality of care issues:

United Concordia Companies, Inc.
FMDP Quality of Care
P.O. Box 898222
Camp Hill, PA 17089-8222

Suspected fraud or abuse:

United Concordia Companies, Inc.
FMDP Utilization Review
P.O. Box 898211
Camp Hill, PA 17089-8211

Hours: 8:00 a.m. – 8 p.m. EST, Monday – Friday: 1-800-866-8499
Hearing Impaired (TDD): 1-800-891-1854

Note: ***Your HBA/installation contact can also assist you with information about your coverage and with choosing a dentist.***

Claims:

Claims should be sent to:

United Concordia Companies, Inc.
FMDP Claims Processing
P.O. Box 898220
Camp Hill, PA 17089-8220

Eligibility:

DEERS Support Office
Attention: DN99
400 Gigling Road
Seaside, CA 93955-6771

California:	1-800-334-4162
Alaska and Hawaii:	1-800-527-5602
All other states:	1-800-538-9552

Adjunctive Services:

Ask your HBA/installation contact where to send claims for adjunctive dental care.

How to report fraud, waste, and abuse:

Department of Defense
Defense Hotline
The Pentagon
Washington, DC 20301-1900

1-800-424-9098

Glossary

Adjunctive Dental Care

A group of procedures that may be properly performed either by a dentist or a physician to treat medical problems of the mouth. These services are considered medical, not dental, and they may be covered under TRICARE/Medical as adjunctive dental services.

Adjudication

Claim processing procedures to determine benefits.

Allowance

The amount that United Concordia calculates for each covered service to determine the amount it can pay and includes the amount of the family member's cost share, if any.

Appeals/Reconsiderations

Procedures provided for enrolled family members and dentists who disagree with United Concordia's claim decisions.

Assignment of Benefits

Method by which payment for covered services is made to a non-participating dentist. If no assignment of benefits is made by the patient, payment will be made to the family member for services provided by non-participating dentists.

Authorized Dentist

A licensed dentist (DDS or DMD) or dental hygienist who provides services within the scope of his/her license or registration, and who has not been excluded or suspended from providing service under the TRICARE – Active Duty Family Member Dental Plan.

Beneficiary

Family members of active duty personnel of the Uniformed Services who are enrolled in and eligible to receive benefits from the FMDP.

Benefits

Dental services received by enrolled family members for which all or part of the cost is authorized and paid for by the FMDP.

By-Report Procedures

Procedures provided in unusual circumstances that require written justification/documentation from the treating dentist.

Claim

Request for payment for services rendered.

Claim Form

Document that may be used either as a claim payment or as a request for predetermination. If the date of service is left blank, the claim form will be considered a predetermination request.

Contract Year

The 12 month period of time beginning August 1 to July 31 of the following year to which the annual $1,000 enrollee maximum applies.

Coordination of Benefits

Rules that determine payment of claims when the family member(s) has dental coverage in addition to FMDP.

Cost Share

The portion of the dentist's fee that the patient is responsible for paying. This amount is indicated on a DEOB.

DEERS

Defense Eligibility Enrollment Reporting System. A DoD established, computer-based enrollment and eligibility system which among other things, reports eligibility and enrollment information to the FMDP contractor to facilitate the processing of dental claims.

Dentist

Licensed doctor of dentistry who is legally able to practice dentistry. Used in the FMDP to also refer to certain Certified Dental Hygienists authorized by law to provide specified dental services.

DEOB

Dental Explanation of Benefits. Computer-generated notice mailed to family members and dentists explaining benefits determinations, i.e., type of service received, the allowable charge, the amount billed, cost share amount, etc.

Dental Advisors

Dentists who work with United Concordia staff to review claims, predetermination requests, and appeals.

Dental Benefit Advisors

United Concordia employees located across the country who conduct informational meetings to educate family members about their benefits with FMDP. They are in close contact with HBA/installation contacts and other points of contact at all uniformed service installations or units across the country.

Eligibility

The rules set forth by the government to determine which family members may be enrolled in the FMDP. FMDP eligibility rules differ from TRICARE/Medical rules though TRICARE/Medical eligibility is a prerequisite for FMDP eligibility.

Eligibility Date

The first of the month following enrollment and deduction of a dental premium. This date signifies when a family member becomes eligible for FMDP.

Endodontic Services

Services relating to the treatment of diseases of the dental pulp, pulp chamber and root canals.

Health Benefit Advisor

Personnel at uniformed services installations or units who are representatives available to help family members understand their FMDP program and TRICARE/Medical, as well as the uniformed services' health care system.

In-Process Orthodontic Treatment

Orthodontic treatment that has already begun prior to the family member's enrollment in the FMDP.

Installation Contact

Personnel at uniformed services installations or units who are available to help family members understand their FMDP program and TRICARE/Medical, as well as the uniformed services' health care system, i.e., DEERS, Finance Office, etc.

Integral Services

Services which are performed in conjunction with another service which dentists would not normally itemize with a separate charge.

LES

Leave and Earnings Statement showing salary and deductions for a sponsor.

Maximums

Total dollar amount per family member payable under the FMDP. There is an *annual* maximum of $1,000 for all services with exception of orthodontic treatment which has a $1,200 *lifetime* maximum.

Non-participating Dentist

A dentist who has not signed a participating agreement with United Concordia.

OCHAMPUS

Office of the Civilian Health and Medical Program of the Uniformed Services which has been renamed the TRICARE Support Office (TSO).

Other Dental Insurance

Additional dental coverage to FMDP through an employer, association or private insurer. See 'Coordination of Benefits.'

Oral Surgery

Services relating to the treatment of diseases, injuries, deformities, defects and esthetic aspects of the oral and maxofacial regions.

Orthodontic Services

Services relating to the treatment of teeth in relation to the functions of occlusion and speech.

Participating Dentist

An authorized dentist who has signed a participation agreement with United Concordia and who agrees to accept the United Concordia determined allowable charge as payment in full for services rendered.

Periodontal Services

Services relating to the treatment of diseases of the supporting and surrounding tissues of the teeth.

Predetermination

Written estimate provided by United Concordia in response to a request by a dentist or family member for an estimate of coverage for future dental services.

Procedure Codes

Codes used to identify and define specific dental services.

Prosthodontic Services

Professional placement or maintenance of artificial teeth, either fixed or removable.

Reconsideration

First level of the Appeals process. It enables family members and dentists to seek a separate review from the initial payment determination to assess whether the initial payment decision was correct.

Single Procedure

Each dental procedure with a separate assigned procedure code.

Sponsors

Active duty members of the Uniformed Services who enroll their family members in the FMDP.

Student

Family member under age 23 who is enrolled full-time at an accredited college or university and dependent on the active duty member for over 50 percent of his/her support.

TRICARE – Active Duty Family Member Dental Plan (FMDP)

TRICARE – FMDP is offered by the Department of Defense through TSO and administered by United Concordia.

TSO – TRICARE Support Office

New name of office formerly known as OCHAMPUS.

Uniformed Services

The Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, and National Oceanic and Atmospheric Administration.

United Concordia

United Concordia Companies, Inc., a subsidiary of Highmark, Inc., located in Camp Hill, PA.